

We are committed to—

Fostering and Establishing Partnerships and Collaboration

The National Immunization Program (NIP) works with local, state, national, and international partner organizations to increase awareness of immunization recommendations, foster the development and implementation of effective immunization programs, and achieve high immunization coverage levels. Effective strategies for delivering and evaluating immunization services include use of electronic record keeping systems (also known as immunization registries), regular audits of immunization records, and collaborations to reach under-immunized populations. The National Immunization Program also develops partnerships with community organizations and private health care providers to increase awareness of immunization recommendations and the use of “best practices.”



Federal, State, and Community Support

The National Immunization Program plays a strong leadership role in bringing together many partners to coordinate vaccine policies and initiatives. Achieving our nation's immunization goals depends upon collaborations among professional organizations, state and federal public health agencies, vaccine manufacturers, and numerous other health care provider and community partners. These joint efforts span each phase of vaccine development and delivery.



STATE, COMMUNITY, AND HEALTH CARE PROVIDER IMMUNIZATION REGISTRIES

Immunization registries are confidential, computerized information systems that record, store, and provide access to children's immunization records. Electronic records and computer information systems are important tools to increase and sustain high vaccination coverage, especially among children. Computerized records improve health care providers' abilities to update records and to provide records to other health care providers in a practice, community, or state. Currently, all 50 states are developing or implementing immunization registries and, according to state reports, 24 percent of the nation's children under 6 years of age are participating in an immunization registry.

Benefits of Immunization Registries

Immunization registries enable health care providers to

- Ensure that immunization decisions are based on complete and accurate records
- Generate reminder notices for children who need immunizations
- Save money and reduce vaccine wastage by avoiding duplicate vaccinations
- Assist in rapid implementation of new vaccines and changes in the vaccine schedule
- Provide vaccine coverage reports for health care provider practices, geographic areas at high risk for vaccine preventable diseases, and for the Health Plan Employer Data and Information Set measures
- Monitor vaccine related adverse events
- Identify children for revaccination who received vaccines from sub-potent vaccine lots or an inadequate dosage of vaccine
- Help coordinate a broader range of preventive care services for children

FUTURE AND CONTINUING EFFORTS FOR IMMUNIZATION REGISTRIES

One of the national health objectives for 2010 is to increase to 95 percent the proportion of children under 6 years of age who participate in fully operational immunization registries. To reach this goal, future activities will focus on

- Increasing the proportion of children and health care providers that participate in registries
- Ensuring the privacy, confidentiality, and security of registry data
- Identifying adequate resources and funding for building, implementing, and maintaining immunization registries

SUCCESS STORY

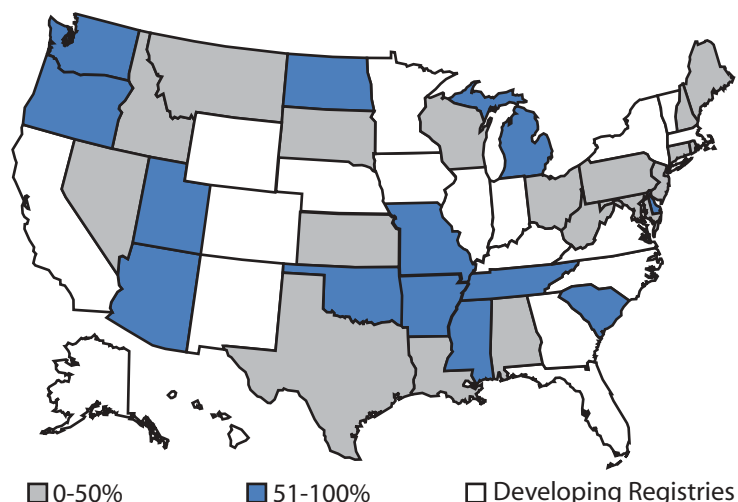
Partnerships and Collaboration

Oregon Registry Corrects Misinterpretation of Report on Hepatitis B Vaccination

In 2001, the American Academy of Pediatrics, the American Academy of Family Physicians, and the U. S. Public Health Service issued a joint statement that recommended reducing infant exposure to thimerosal (vaccine preservative). This report specifically recommended that the first hepatitis B vaccine dose be delayed until 2 to 6 months of age for infants born to hepatitis B surface antigen negative mothers, and that the previous infant hepatitis B vaccination practices should resume once a thimerosal-free alternative was available.

Oregon registry data were used to assess the impact of this recommendation on hepatitis B vaccine administration. Registry data indicated that infant hepatitis B vaccine administration decreased 93 percent in the 6 weeks after the report's release. Thimerosal-free vaccine was available as early as August 1999; however, by the end of 2000, infant administration rates had reached only 88 percent of pre-report levels for hepatitis B vaccination. These registry data helped identify the need for education efforts for providers who have not reinstated hepatitis B vaccine recommendations.

Percentage of Children Aged ≤ 5 Years Participating in State-based Immunization Registries, by State, April 2001



Source: Immunization Registry Use and Progress—United States, 2001. *MMWR* 51:3, pp.53-56, 2002

IMMUNIZATION GRANT FUNDS

Federal funding for the Immunization Grant Program (also called the “317 grant program”) began in 1963. In 2001, the National Immunization Program administered \$373.8 million of federal grants to 64 state, local, and territorial public health agencies for program operations and purchase of vaccines not covered by private insurance or the Vaccines for Children Program (VFC). An additional \$897.3 million was provided to the VFC. Under the VFC, public-purchased vaccines are provided to public and private health care providers for administration to eligible children at no charge.

State, territorial, and local immunization programs use these federal funds to purchase vaccine and maintain an immunization infrastructure to assure service delivery, conduct surveillance of vaccine coverage and safety, and sustain and improve vaccination levels. Immunization

grantees are provided technical assistance through site visits and routine communications by program consultants at NIP.

A new Immunization Program Operations Manual was produced by NIP in 2001 to help immunization grantees and others determine the most cost effective and appropriate use of their immunization dollars. The new manual includes activities categorized by priority, effectiveness, and purpose for use by state, territorial, and local agencies.

COOPERATIVE AGREEMENTS

The National Immunization Program has worked collaboratively with health care provider organizations, national minority organizations, and coalition groups interested in promoting immunization. Partnerships established with these groups have been instrumental in educating health care providers and consumers about immunization recommendations and addressing vaccine safety concerns. During the past year, NIP has enhanced communications with the current partner organizations and forged relationships with new partners. Efforts have been made to reach out to specialized groups such as the American Association for Retired People, the business community, schools and school systems, and many others.

Assessments of Progress

AFIX—ASSESSMENT OF IMMUNIZATION LEVELS WITH FEEDBACK AND CORRECTIVE ACTION

The Centers for Disease Control and Prevention supports the continuous quality improvement of childhood immunization levels through the AFIX strategy (Assessment of immunization coverage levels, Feedback of information regarding coverage levels, Incentives for improved performance, and exchange of information among health care providers regarding best practices). This strategy has proven successful in improving



immunization coverage levels in public health clinics by allowing clinics to determine their coverage levels and implement programs to improve immunization rates.

Building off the VFC program, which has allowed children to continue to receive immunization in private health care provider sites, the VFC-AFIX project encourages private health care providers to utilize the AFIX strategy as a quality improvement tool to increase the immunization levels of the children they serve. Benefits of this program have allowed health care providers to obtain accurate assessments of immunization coverage levels in their practice and to take ownership of improvement activities and develop realistic immunization improvement goals.

THE CLINIC ASSESSMENT SOFTWARE APPLICATION

The Clinic Assessment Software Application (CASA) is a menu-driven relational database for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided. The Clinic Assessment Software Application provides an extensive body of data that can be accessed and organized to suit individual practice needs, as well as reminder and recall tracking capabilities. Because CASA was developed by the CDC, it is public domain software and can be installed and shared with others without cost.

